

PECFA CLAIM PACKET REQUEST FORM

[TO BE USED AFTER CLAIM NUMBER HAS BEEN ESTABLISHED]

COMMERCE NUMBER: _ _ _ _ - _ _ _ - _ _ _
MANDATORY

Personal Information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (1)(m)]

CLAIMANT/OWNER INFORMATION - WHERE FORMS WILL BE SENT:

NAME: _____ Phone # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Requested By: _____ **Phone #** _____

SITE INFORMATION:

SITE NAME: _____

SITE ADDRESS: _____

SITE CITY: _____ WI ZIP CODE: _____

**CLAIM PACKETS ARE MAILED EVERY FRIDAY TO THE CLAIMANT/OWNER.
PLEASE MAKE SURE THAT YOU SUBMIT THE CORRECT MAILING ADDRESS.**

ONCE A CLAIM NUMBER HAS BEEN ESTABLISHED THE DEPARTMENT REQUESTS THAT YOU DO NOT FILL OUT AN INITIAL APPLICATION AND ELIGIBILITY REQUEST FORM WHEN REQUESTING ADDITIONAL CLAIM PACKETS.

YOU MAY FAX THIS REQUEST TO THE DEPARTMENT OF COMMERCE AT:

608-267-1381

OR YOU MAY MAIL YOUR REQUESTS TO:

***DEPARTMENT OF COMMERCE
BUREAU OF PECFA
PO BOX 7838
MADISON WI 53707-7838***